

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS Wireless Communication Commission		CONTACT PERSON Lana Nicks	TELEPHONE NUMBER 601-359-5333	
ADDRESS 412 East Woodrow Wilson Ave, Mail Stop 6601		CITY Jackson	STATE MS	ZIP 39216
EMAIL LNicks@wcc.ms.gov	SUBMIT DATE 5/4/12	Name or number of rule(s): Repeal of the MSWIN PTT User Fee – Part 101 Chapter 3		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Repeal of the MSWIN PTT User Fee Policy – Part 101 Chapter 3.

Specific legal authority authorizing the promulgation of rule: Miss Code 25-53-171(4)

List all rules repealed, amended, or suspended by the proposed rule: Repeal of the Guidelines and Procedures Part 101 Chapter 3

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☒ Economic Impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES

____ Original filing
____ Renewal of effectiveness
To be in effect in _____ days
Effective date:
____ Immediately on
____ Other (specify): _____

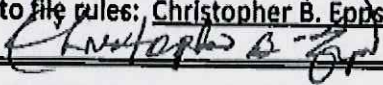
PROPOSED ACTION ON RULES

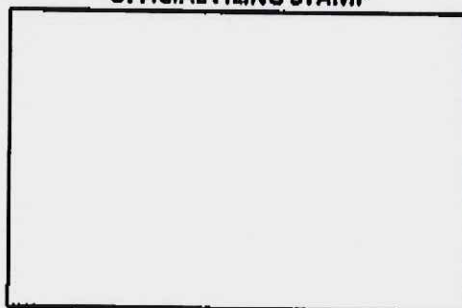
Action proposed:
____ New rule(s)
____ Amendment to existing rule(s)
☒ Repeal of existing rule(s)
____ Adoption by reference
Proposed date of adoption:
☒ 30 days after filing
____ Other (specify): _____

FINAL ACTION ON RULES

Action taken:
____ Adopted with no changes in text
____ Adopted with changes
____ Adopted by reference
____ Withdrawn
____ Repeal adopted as proposed
Effective date:
____ 30 days after filing
____ Other (specify): _____

Printed name and Title of person authorized to file rules: Christopher B. Epps, Chairman

Signature of person authorized to file rules: 

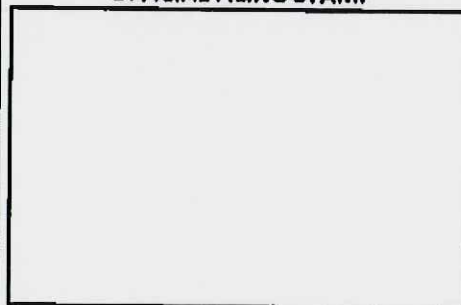
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.